

# PROPERTY LOCATION

City, Town, or Plantation	LA MOINE
Street or Road	MUD CREEK ROAD
Subdivision, Lot #	

# >> CAUTION: LPI APPROVAL REQUIRED <<

Town/City LA MOINE Permit # 1781  
 Date Permit Issued 10/14/15 Fee: \$ 265.00 Double Fee Charged ☐  
Michael Billings L.P.I. # 820  
 Local Plumbing Inspector Signature ☐ Owner ☐ Town ☒ State

# OWNER/APPLICANT INFORMATION

Name (last, first, MI) ☐ Owner  
 RAYMOND, KEITH ☐ Applicant  
 Mailing Address of Owner/Applicant  
 PO BOX 207  
 BERNARD, ME 04612  
 Daytime Tel. # 207-244-9073

The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

Municipal Tax Map # \_\_\_\_\_ Lot # \_\_\_\_\_

# OWNER OR APPLICANT STATEMENT

I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.

Keith Raymond 10/17/15  
 Signature of Owner or Applicant Date

# CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

(1st) date approved \_\_\_\_\_

Local Plumbing Inspector Signature

(2nd) date approved \_\_\_\_\_

# PERMIT INFORMATION

<b>TYPE OF APPLICATION</b> X1. First Time System 2. Replacement System Type replaced: _____ Year installed: _____ 3. Expanded System a. <25% Expansion b. >25% Expansion 4. Experimental System 5. Seasonal Conversion	<b>THIS APPLICATION REQUIRES</b> X1. No Rule Variance 2. First Time System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval 3. Replacement System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval 4. Minimum Lot Size Variance 5. Seasonal Conversion Permit	<b>DISPOSAL SYSTEM COMPONENTS</b> X1. Complete Non-engineered System 2. Primitive System (graywater & alt. toilet) 3. Alternative Toilet, specify: _____ 4. Non-engineered Treatment Tank (only) 5. Holding Tank, _____ gallons 6. Non-engineered Disposal Field (only) 7. Separated Laundry System 8. Complete Engineered System (2000 gpd or more) 9. Engineered Treatment Tank (only) 10. Engineered Disposal Field (only) 11. Pre-treatment, specify: _____ 12. Miscellaneous Components
<b>SIZE OF PROPERTY</b> 6+/- (SQ. FT. x) ACRES	<b>DISPOSAL SYSTEM TO SERVE</b> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>2</u> 2. Multiple Family Dwelling, No. of Units: _____ 3. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	<b>TYPE OF WATER SUPPLY</b> X1. Drilled Well 2. Dug Well 3. Private 4. Public 5. Other
<b>SHORELAND ZONING</b> X1. Yes <input type="checkbox"/> No		

# DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<b>TREATMENT TANK</b> X1. Concrete Xa. Regular b. Low Profile 2. Plastic 3. Other: _____ CAPACITY: <u>1000</u> GAL.	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> 1. Stone Bed 2. Stone Trench 3. Proprietary Device a. cluster array c. Linear b. regular load d. H-20 load X4. Other: <u>20 TYPE B GSFS</u> SIZE: <u>900</u> (sq. ft. (in. ft.	<b>GARBAGE DISPOSAL UNIT</b> 1. No 2. Yes 3. Maybe If Yes or Maybe, specify one below: a. multi-compartment tank b. _____ tanks in series c. increase in tank capacity Xd. Filter on Tank Outlet	<b>DESIGN FLOW</b> <u>180</u> gallons per day BASED ON: <input type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION <u>9 / C</u> at Observation Hole # _____ Depth <u>15</u> " of Most Limiting Soil Factor	<b>DISPOSAL FIELD SIZING</b> 1. Medium---2.6 sq. ft. / gpd 2. Medium---Large 3.3 sq. ft. / gpd 3. Large---4.1 sq. ft. / gpd X4. Extra Large---5.0 sq. ft. / gpd	<b>EFFLUENT/EJECTOR PUMP</b> 1. Not Required X2. May Be Required 3. Required Specify only for engineered systems: DOSE: _____ gallons	<input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA <b>LATITUDE AND LONGITUDE</b> at center of disposal area Lat. <u>44</u> d <u>30</u> m <u>25.4</u> s Lon. <u>68</u> d <u>19</u> m <u>24.4</u> s if g.p.s, state margin of error: _____

# SITE EVALUATOR STATEMENT

I certify that on 8-21-2015 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Andrew McCullough #326 9-8-2015  
 Site Evaluator Signature SE # Date  
 ANDREW MCCULLOUGH 207-667-6551 mccengr@myfairpoint.net  
 Site Evaluator Name Printed Telephone Number E-mail Address

Note : Changes to or deviations from the design should be confirmed with the Site Evaluator.



Department of Human Services  
Division of Health Engineering  
(207) 287-5672 Fax: (207) 287-3165

Street, Road, Subdivision

LAMOINE

MUD CREEK ROAD

RAYMOND, KEITH

Scale 1" = \_\_\_\_\_ ft. or as shown

**SITE LOCATION PLAN**  
(map from Maine Atlas  
recommended)

SEE ATTACHED

SEE ATTACHED

## SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole 1 ☒ Test Pit ☐ Boring  
1 1/2 " Depth of Organic Horizon Above Mineral Soil

Observation Hole \_\_\_\_\_ ☐ Test Pit ☐ Boring  
" Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)

[illegible]

Soil Classification		Slope	Limiting Factor	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
<u>9</u> Profile	<u>C</u> Condition	<u>2</u> %	<u>15</u> "	

Soil Classification		Slope	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile	Condition	_____ %	_____ "	

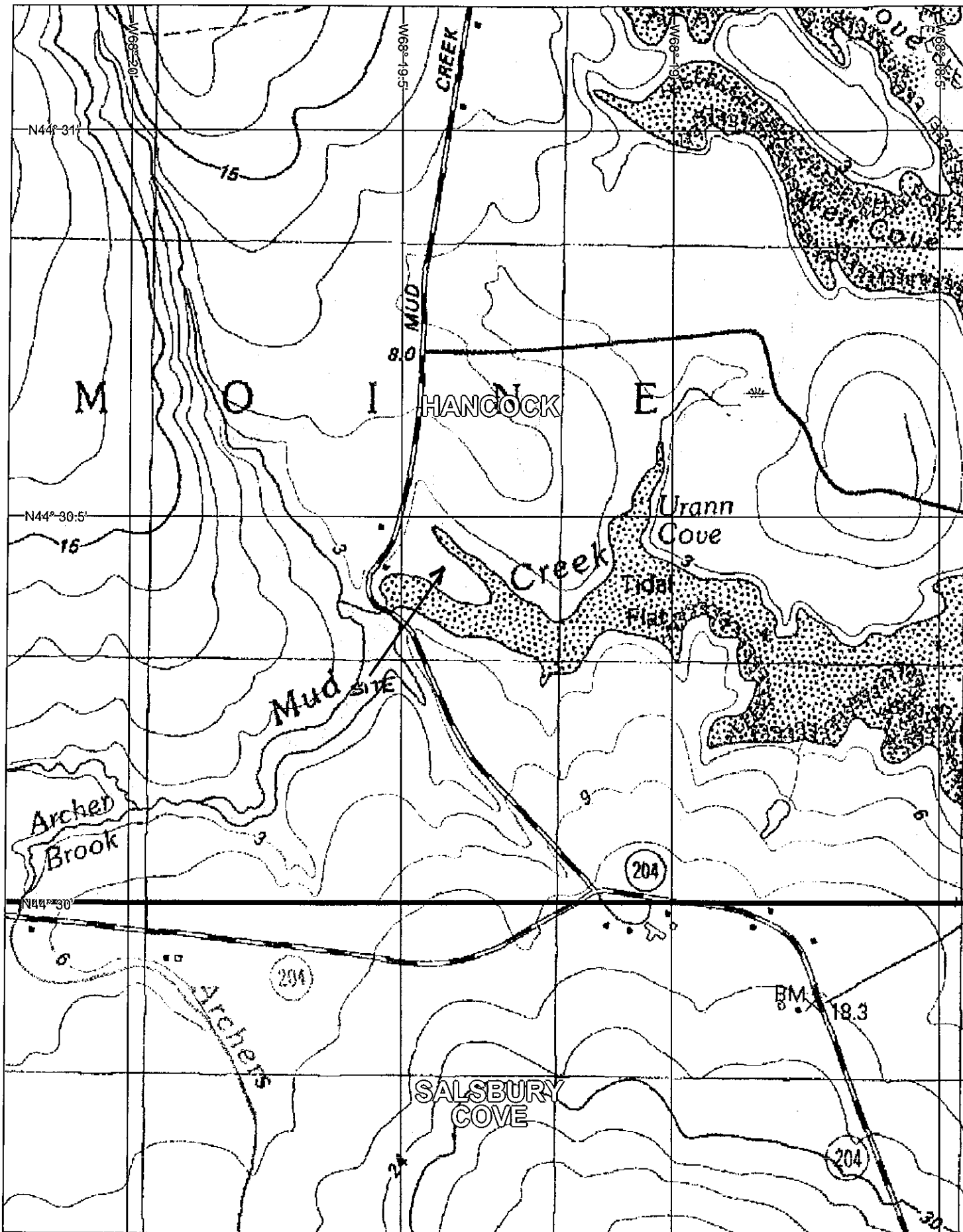
Site Evaluator Signature

326

SE #

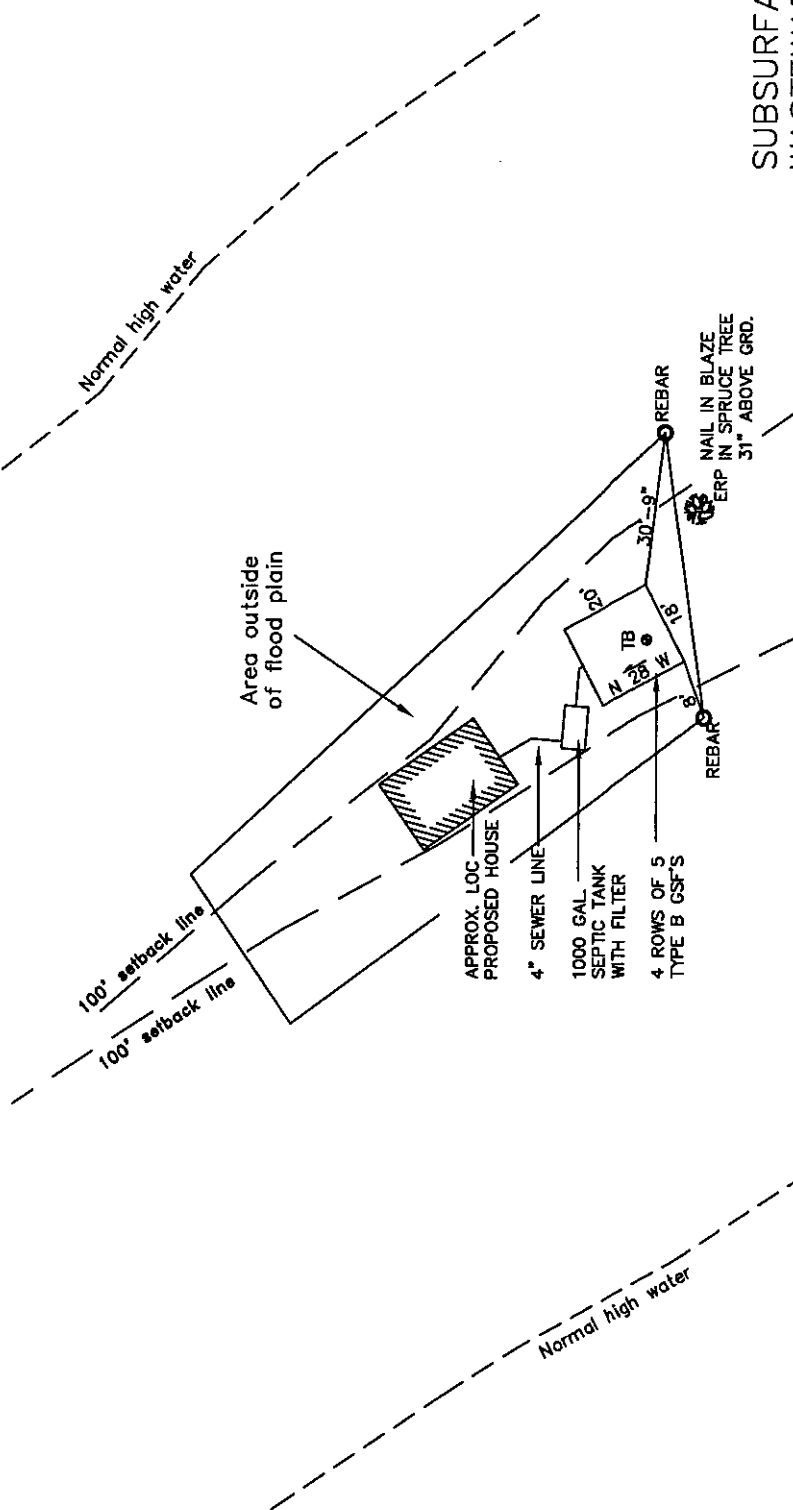
9-9-2015

Date \_\_\_\_\_





SUBSURFACE  
WASTEWATER  
DISPOSAL SYSTEM  
KEITH RAYMOND  
MUD CREEK ROAD, LAMOINE  
SCALE 1"=40'  
SEPT 9, 2015  
JN #1537



BASE PLAN PREPARED BY:  
SILSBY LAND SURVEYING,  
ELLSWORTH, MAINE  
SITE IS A PORTION OF TOWN OF  
LAMOINE TAX MAP 7, LOT 32-1



**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**Department of Human Services  
Division of Health Engineering  
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

LAMDINE

MUC CREEK ROAD

RAYMOND, KEITH

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

SCALE: 1" = \_\_\_\_\_ FT.

SEE ATTACHED

**FILL REQUIREMENTS****CONSTRUCTION ELEVATIONS****ELEVATION REFERENCE POINT**

Depth of Fill (Upslope)

~~SEE~~  
~~CROSS-~~  
~~SECTION~~

Finished Grade Elevation

Top of Distribution Pipe or Proprietary Device

Bottom of Disposal Area

~~SEE~~  
~~CROSS-~~  
~~SECTION~~Location & Description: NAIL IN BLAZE IN  
SPRUCE TREE-31'  
Reference Elevation: ABOVE GROUND  
0' ASSUMED

Depth of Fill (Downslope)

**DISPOSAL AREA CROSS SECTION**

Scale

Horizontal 1" = \_\_\_\_\_ ft.

Vertical 1" = \_\_\_\_\_ ft.

SEE ATTACHED

Site Evaluator Signature

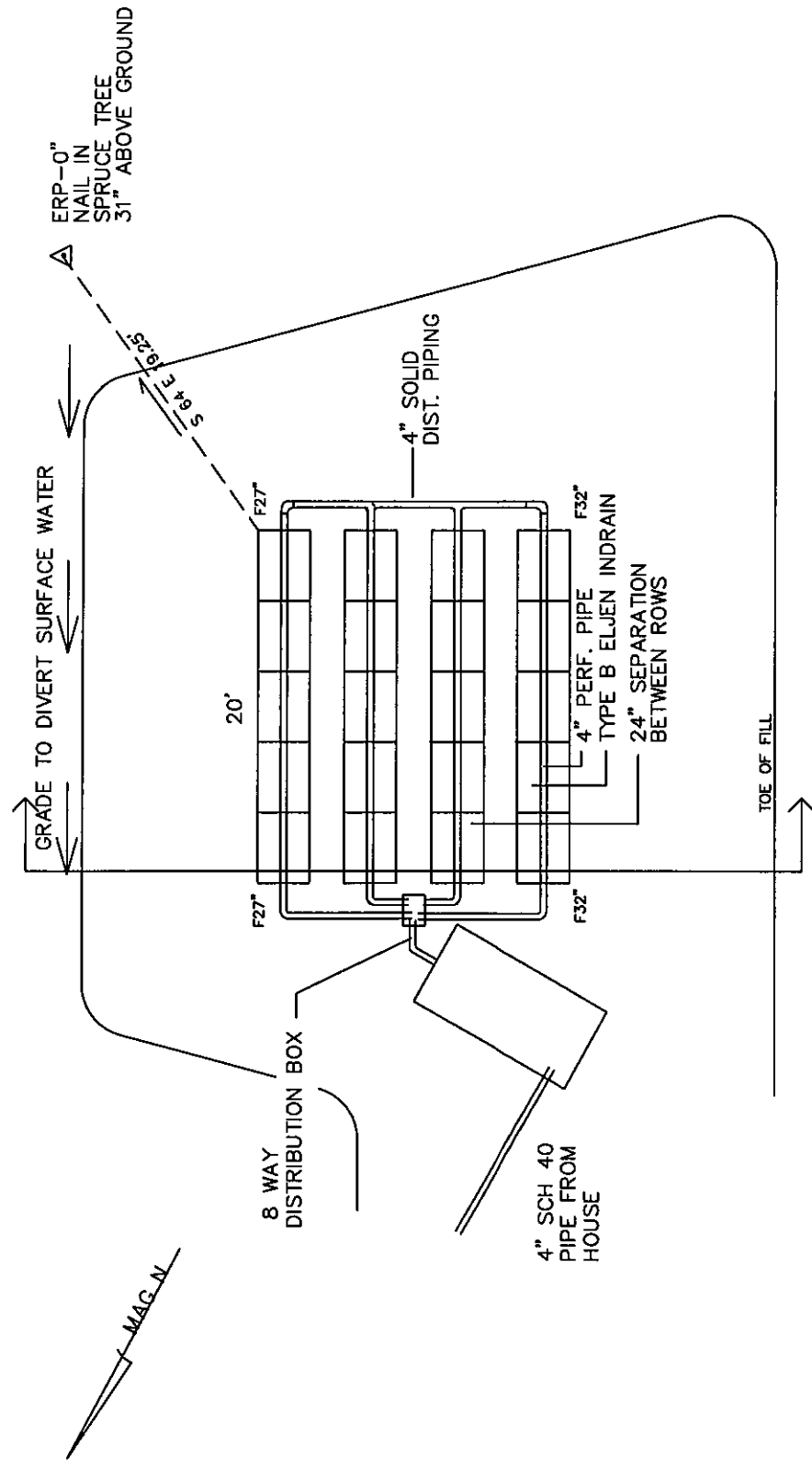
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SE #

9-9-2015

Date

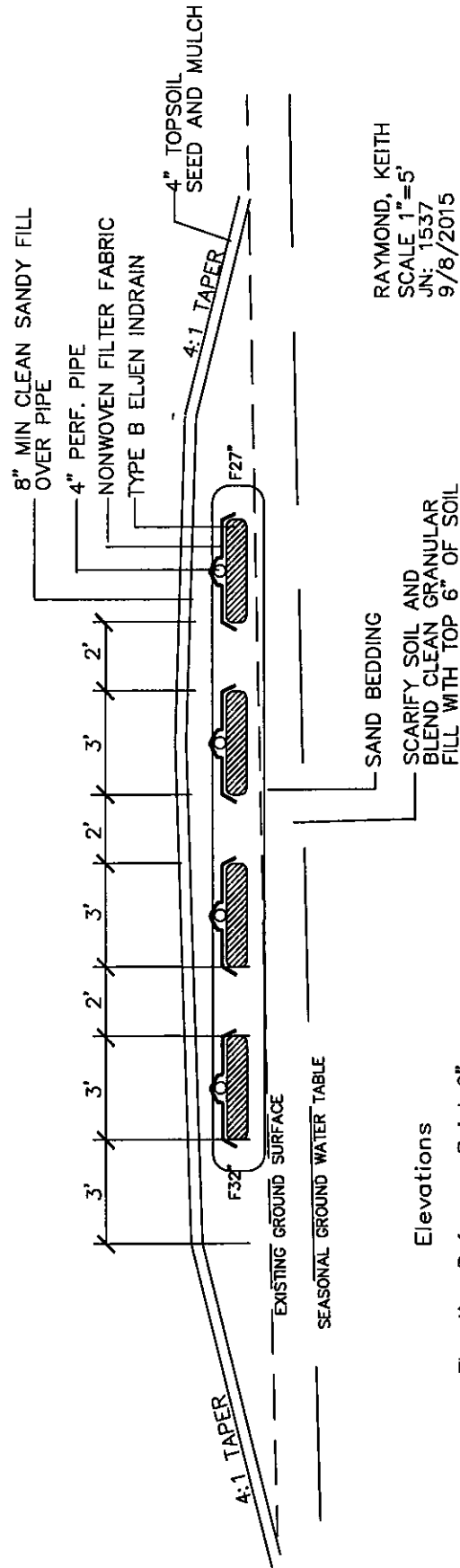
# DISPOSAL AREA PLAN



RAYMOND, KEITH  
 SCALE 1"=10'  
 JN: 1537  
 9/8/2015



# DISPOSAL AREA CROSS SECTION



RAYMOND, KEITH  
SCALE 1"=5'  
JN: 1537  
9/8/2015

## Elevations

Elevation Reference Point 0"  
Bottom of Indrain -35"  
Top of Pipe -24"

## Sand Gradation

SEE MANUFACTURER'S INSTALLATION MANUAL